

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA,)	
)	Civil No. 07 C 7147
Plaintiff,)	
)	
v.)	
)	
FUNDS IN THE AMOUNT OF)	
FORTY-TWO THOUSAND DOLLARS)	CERTIFICATE OF SERVICE
(\$42,000.00); and)	
)	
FUNDS IN THE AMOUNT OF)	
ONE HUNDRED THIRTY-EIGHT)	
THOUSAND, FIVE HUNDRED AND)	
FORTY DOLLARS)	
(\$138,540),)	
Defendants.)	

I, Kela Ellis, a non-attorney, certify that pursuant to Supp. R. For Adm. M. and Forf. Claims G(4), I sent a Notice of Judicial Forfeiture Proceeding, a copy of the Complaint In Rem, and a copy of the Warrant to be served upon:

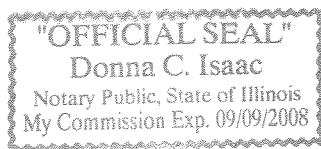
Karine Basmadjian, Esq.
Attorney for Levon Vardapetyan
520 East Wilson Avenue, Suite 220
Glendale, California 91206

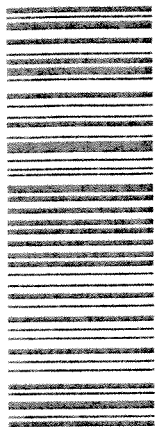
by enclosing said property addressed envelope, postage paid, and depositing same in the United States mail at 219 S. Dearborn, Chicago, Illinois before the hour of 5:00 p.m. on the 20th day of December, 2007.


KELA ELLIS

SUBSCRIBED and SWORN to before me
this 26 day of December 2007.


NOTARY PUBLIC





7007 0710 0000 5282 3772
7007 0710 0000 5282 3772

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Street, Apt. No.
or PO Box No.
City, State, Zi

Karine Basmadjian, Esq.
520 East Wilson Ave., Ste. 220
Glendale, CA 91206

PS Form 3800

See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Karine Basmadjian, Esq.
520 East Wilson Ave., Ste. 220
Glendale, CA 91206

2. Article Number

(Transfer from service label)

7007 0710 0000 5282 3772

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



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Label/Receipt Number: **7007 0710 0000 5282 3772**
Status: **Delivered**

Your item was delivered at 10:28 AM on December 29, 2007 in
GLENDALE, CA 91206.

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Enter Label/Receipt Number.

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